NOTICE OF FORM CHA	ANGE NO. 04-237				ATE 08/18/2004
To: County Welfare Dir Supply Clerk / Forn	FROM: Forms Management Unit (916) 657-1907				
<ul><li>☐ Community Care Licensi</li><li>☐ Private and Public Adopt</li></ul>	] District Attorney ] Other				
Listed below is information re	garding a form change. Or	nly applica	ble information is show	vn.	
This notice updates your Depa	artment of Social Services	County Fo	orms Catalog.		
FORM NUMBER AND TITLE LIC 405 -	Record of Client's/Reside	nt's Safegı	uarded Cash Resource	es	
			PRICE	IN	TIAL SUPPLY SENT
MASTER ONLY				L	☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 8/01	REPLACES			Obsolete
REQUIRED FORM-	REQUIRED FORM-			<u> </u>	
No Change Permitted	Substitute Permitte	ed With Pr	ior DSS Approval	Recom	nmended Form
UNLESS OTHERWISE SPECIFIED STOC Department of Social Service P.O. Box 980788 West Sacramento, CA 95798		Other:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY		☐ De	stroy		
use New FORM  ☐ When supply available in DSS Warehouse			e new form effective	8/24/04	
USE FORM IN ACCORDANCE WITH					
<ul><li>☐ All County Letter No.</li><li>☐ Other (specify)</li></ul>					
ADDITIONAL INFORMATION REGARDING FOR					
Attached is a Reproducible C	ору				

Check on the internet to see if forms are available at www.dss.cahwnet.gov

This form is now a master only - on the internet only.

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

YEAR

## **RECORD OF CLIENT'S/RESIDENT'S** SAFEGUARDED CASH RESOURCES

Client/resident: Your signature below indicates you have received the following amount of money from the facility on the date indicated.

Facilities that handle client's/resident's cash resources must maintain accurate records of all money received and disbursed.

## **INSTRUCTIONS:**

FACILITY NUMBER:

- The date of the transaction shall be noted under Date.
- Use a separate line for each transaction.
- Supporting receipts for purchases shall be filed in order of dates of purchases.
- The client's/resident's (or client's/resident's representative) signature on this form may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A).
  The facility representative's signature is necessary to be able to

verify a cash transaction.

AMOUNT					SIGNATURE FOR CASH TRANSACTIONS			
DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	FACILITY REPRESENTATIVE	CLIENT/RESIDENT OR REPRESENTATIVE		